

# **Region J Advisory Council on Aging Member Job Description**

**Title:** Region J Advisory Council on Aging  
Member

**Major Objective:** The Advisory Council on Aging serves as the advisory body to the Area Agency on Aging as required by the Older Americans Act of 1965, As Amended, and further modified by the North Carolina Division of Aging and Adult Services. It shall advise the Area Agency on Aging and its parent body, the Triangle J Council of Governments, concerning aging matters. It shall:

- Assist with the development and implementation of the Area Plan for Aging Programs in Region J;
- Conduct public meetings on aging matters;
- Review and comment on community policies, programs and actions that affect older persons in the Region.

**Major Responsibilities:**

1. Attend all Region J Advisory Council on Aging meetings
2. Become knowledgeable about the North Carolina, and Region J, aging network
3. Be aware of the needs and issues of the older adults in his/her respective county
4. Become knowledgeable of pertinent issues facing Region J's aging network
5. Serve on sub-committees as necessary to fulfill the responsibilities of the Advisory Council on Aging
6. Advocate with local and state public officials on the behalf of older adults

**Qualifications:**

1. Genuine interest and concern for the aging population of Region J
2. Commitment and time to complete the responsibilities of this position
3. Willingness to talk with public officials, and others, about needs/issues/concerns affecting older adults in North Carolina

**Region J Advisory Council on Aging  
Nomination Form**

Name of Nominee: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

County of Residence: \_\_\_\_\_

Phone Number (including area code): \_\_\_\_\_

Fax Number (including area code): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employment Status (working, retired, etc. and field of current or former employment): \_\_\_\_\_

In the space below, describe nominee's experience, background, and knowledge relative to issues important to older adults:

In the space below, describe the nominee's participation in groups or organizations for older adults and on councils or committees that advise or oversee programs that have an impact on older persons:

In the space below, describe any special skills or attributes of nominee, which would enhance his/her effectiveness as a member of the Triangle J Area Agency on Aging's Advisory Council on Aging:

If not a self-nomination, please indicate the name, address and phone number of person or group making nomination:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number (including area code) \_\_\_\_\_

SIGNATURE OF NOMINEE \_\_\_\_\_ Date: \_\_\_\_\_

(Note: The signature is required for self-nominations as well as for nominations made by other individuals or groups. This signature of the nominee serves as verification that the person being nominated consents to his/her name being placed in nomination and indicates a commitment on the part of the nominee to participate fully in the orientation, training and work of the Advisory Council on Aging.)

SIGNATURE AND TITLE OF COUNTY REPRESENTATIVE INDICATING COUNTY  
ENDORSEMENT OF NOMINEE

\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

Return Form to: Joan Pellettier, Director, Area Agency on Aging  
Triangle J Council of Governments  
PO Box 12276  
RTP, NC 27709  
(919) 558-9398 fax: (919) 549-9390  
jpellettier@tjcog.org